215040608 62624			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2																	
2	Total Nu of Vehi		Local No./ District 470 Agency Case No. B5-092107								I	HIT & RUN?			NVESTIGATION MADE AT SCENE?				:? L 1	
A/1 10 A/2	DATE OF ACCIDENT		25/2015 STATE USE ONLY Lancaster POLICE NOTIFIED 1545																	
В	PLACE OF ACCIDENT	CITY	Lincoln						NOTHIED			PRIVATE YES NO			10/03/2015					
	ROAD O	N WHIC	CH STREET/										ONE-WAY YES NO STREET?			LATITUDE				
с 8	DISTANCE	FROM	KKED .						HIGHWAY N							LONGITUDE				
D 4			IF AT INTER					IF NOT AT INTERS					ET B	, BRIDGE, RAILROAD CROSSING				G		
1 ∇1/M		14740	NE OF HATEROER	30.0		IVIILLO	X H St					21, 5.4502, 14.42.45.45 6.4606.40								
20 V2/M	MILES	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN N S E W AND N S E W OF NEAREST CITY OR TOWN																		
20 E 1	R. WORK R1 R2 R3 R4 S. PEDESTRIAN S1 S2 S3 S4 S CLASSIFICATION CODES									-a S5-b	S6-a	a S6-b	STATE DEPT	DES ACCIDENT INVOLVE DAMAGE TO ATE DEPT. OF ROADS' PROPERTY? YES X NO						
F		VEHICI																		
9 V1/N	DRIVER LICENSE DRIVER		NO.							PHONE			(Of License	_	OCAL NO	SE	: х	→ FEMALE	=	
1 V2/N	DRIVER ADDRI	IVER ADDRESS CITY, STATE, ZIP								DA' B (MM / E									V1/	
1	OWNER Unkno	Unknown								PHONE					OCAL NO				19 V1/	
^G 2	OWNER ADDR	ADDRESS CITY, STATE, ZIP											PENDING YES CIT				CITATION NO.			
н 5	LICENSE PLATE	PLATE NO.						(Plate E				YEAR ate Expires)	te Expires)			STATE (Of Plate)				/3
V1/O	VEHICLE	YEAR MAKE MODEL Unknow						BODY STYLE COLOR red					0011011111		TOTALE		E 		V1/	/4
5 V2/O	VEHICLE ID NO. (V/N) TOWED TO								INSURANCE CO					NY 					V1/ — 1 9	
1	TOWED TO															V1/ 2:				
7	DRIVER		NO.				VEH	IICLE	NO. 2				STATE (Of License	,		SE	x >	FEMALE		
V1/P	LICENSE NO. DRIVER LEGALLY PARKED							PHONE				(6. 2.00.100)			LOCAL NO.				V2/	/1
8 V2/P	DRIVER ADDRI		CITY, STATE, ZIP										DATE OF BIRTH (MM / DD / YY	· · · · · · · · · · · · · · · · · · ·					1	8
8	JAMESO	MESON D BELLAIRS								[(IIIII / 23 / 1 1	LOCAL NO. 402 332-8				V2/2					
12	OWNER ADDR	ess city, state, zip 6TH, LINCOLN, NE 68502							C				OTTATION YES PENDING X NO			CITATION NO.				/3
V1/Q 4	LICENSE PLATE		NO. TWD287						1 1			YEAR ate Expires)	2016		- 1	STAT (Of Pla	ate)	NE	V2/	/4
V2/Q	VEHICLE	YEAR	2006	/	Compact Utility						TIMATED DAMAGE TOTALED \$ 1000				V2/	/5				
З к	VEHICLE ID NO. (VIN)	JHL	_RD785960						STA						18 V2/					
01												o. 6974 132 6	26 15 D 2						5	
	Complete this section for all injured pe (Complete a continuation report, if more than three were in,								sons rred)				DATE OF BIRTH (MM / DD / YYYY)			2 Eject	Body Region	Injury n Sev. T	rans.	SEX M F
VEH. #																				
	LOCAL NO. MEDICAL FACILITY NAME							EMS SERVICE NAME							EMS RUN REPORT NO.					
VEH. #	NAME ADDRESS						'													
	LOCAL NO.		MEDICAL FACILIT	Y NAME				EMS SEF	RVICE NAI	ИЕ				E	EMS RUN	REPC	RT NO.			
VEH. #	NAME		1	AD	DRESS															
	LOCAL NO.		EMS SERVICE NAME								E	EMS RUN	REPC	DRT NO.						

